

Foster Family Home - Corrective Action Report

Provider ID: 1-594045

Home Name: Marizel Bolosan, CNA

98-1524 Hoomahie Loop

Pearl City HI 96782

Review ID: 1-594045-7

Reviewer: David Ayling

Begin Date: 12/3/2018

End Date: 12/3/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/3/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.

Compliance Manager

Marizel Bolosan

Primary Care Giver

Date

12/3/18

Date